

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

PO BOX 12846

☐ Check if different than previously reported. (ACC)

Austin

TX

78711

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358903

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2016

through

M M M / D D D / Y Y Y Y Y Y
03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith Heyde

Signature of Treasurer

Meredith Heyde

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 13 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		407568.95
(b) Cash on Hand at Beginning of Reporting Period.....	440853.85	
(c) Total Receipts (from Line 19)	34648.52	68933.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	475502.37	476502.37
7. Total Disbursements (from Line 31)	30000.00	31000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	445502.37	445502.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
03 / 01 / 2016

To:

M M / D D / Y Y Y Y Y
03 / 31 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10054.00

14554.00

(ii) Unitemized

24577.00

54329.76

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

34631.00

68883.76

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

34631.00

68883.76

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

17.52

49.66

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

34648.52

68933.42

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

34648.52

68933.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	31000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30000.00	31000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30000.00	31000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	34631.00	68883.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34631.00	68883.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kevin Ballard

Mailing Address 10947 140th Ave NE

City

Thief River Falls

State

MN

Zip Code

56701-8458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

03 / 21 / 2016

Transaction ID : C3287760

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Imogene Bell

Mailing Address PO Box 1444

City

Nogales

State

AZ

Zip Code

85628-1444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nogales Clinic

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 10 / 2016

Transaction ID : C3287984

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mary Eileen Callan

Mailing Address 1410 Harris Rd

City

Webster

State

NY

Zip Code

14580-9314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Highland Family Medicine

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 21 / 2016

Transaction ID : C3287844

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

820.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cindy Cooke

Mailing Address 5005 Red Mile Ct SE

City

Brownsboro

State

AL

Zip Code

35741-9306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fox Army Health Center

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Transaction ID : C3287729

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cindy Cooke

Mailing Address 5005 Red Mile Ct SE

City

Brownsboro

State

AL

Zip Code

35741-9306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fox Army Health Center

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : C3287688

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cindy Cooke

Mailing Address 5005 Red Mile Ct SE

City

Brownsboro

State

AL

Zip Code

35741-9306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fox Army Health Center

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : C3287565

Amount of Each Receipt this Period

130.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

330.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sandra Cotton

Mailing Address 33 Chardonnay Dr

City

Morgantown

State

WV

Zip Code

26508-5225

FEC ID number of contributing
federal political committee.

C

Name of Employer

WVU School of Nursing

Occupation

Faculty

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2016
Transaction ID : C3287720

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Erin Davis

Mailing Address 517 Evans Rd

City

Springfield

State

PA

Zip Code

19064-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

NP Faculty

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016
Transaction ID : C3287884

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Erin Davis

Mailing Address 517 Evans Rd

City

Springfield

State

PA

Zip Code

19064-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

NP Faculty

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016
Transaction ID : C3287885

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 20
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Erin Davis

Mailing Address 517 Evans Rd

City

Springfield

State

PA

Zip Code

19064-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

NP Faculty

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2016

Transaction ID : C3287886

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. M Elayne Desimone

Mailing Address 900 Winding Ln

City

Media

State

PA

Zip Code

19063-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer

Widener University

Occupation

NP

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2016

Transaction ID : C3287719

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sattaria Dilks

Mailing Address 1901 Rosedown Dr

City

Lake Charles

State

LA

Zip Code

70605-9700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Psychiatric Mental Health NP

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2016

Transaction ID : C3287767

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cindy Edwards-Tuttle

Mailing Address 3617 Swallow Tail Ln

City State Zip Code
 Sylvania OH 43560-3591

FEC ID number of contributing
federal political committee.

C

Name of Employer

ProMedica

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : C3287776

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cindy Edwards-Tuttle

Mailing Address 3617 Swallow Tail Ln

City State Zip Code
 Sylvania OH 43560-3591

FEC ID number of contributing
federal political committee.

C

Name of Employer

ProMedica

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : C3287777

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angela Golden

Mailing Address PO Box 25959

City State Zip Code
 Munds Park AZ 86017-5959

FEC ID number of contributing
federal political committee.

C

Name of Employer

NP from Home, LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : C3287547

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1220.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Angela Golden

Mailing Address PO Box 25959

City

Munds Park

State

AZ

Zip Code

86017-5959

FEC ID number of contributing
federal political committee.

C

Name of Employer

NP from Home, LLC

Occupation

NP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : C3287550

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kathleen Haycraft

Mailing Address 300 Lovers Leap Rd

City

Hannibal

State

MO

Zip Code

63401-5227

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIVERSIDE DERMATOLOGY

Occupation

FNP, DCNP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : C3287671

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Penny Jensen

Mailing Address 2461 E Kensington Ave

City

Salt Lake City

State

UT

Zip Code

84108-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah

Occupation

Assistant Professor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : C3287718

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1565.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Katherine Kenny

Mailing Address 6026 N 5th Pl

City State Zip Code
 Phoenix AZ 85012-1278

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Arizona State University

Occupation
 NP, Assistant Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : C3288023

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joyce Knestrick

Mailing Address 801 Alamae Lakes Rd

City State Zip Code
 Washington PA 15301-9150

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Georgetown University

Occupation
 Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 20 / 2016

Transaction ID : C3287713

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cynthia Kuhnert

Mailing Address 182 Velveteen Pl

City State Zip Code
 Chuluota FL 32766-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Walgreens

Occupation
 NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 20 / 2016

Transaction ID : C3287940

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Nancy Lawton

Mailing Address 2289 NE 61st St

City
Seattle

State
WA

Zip Code
98115-7016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Neighborcare Health Greenwood

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 20 / 2016

Transaction ID : C3287711

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Denise Link

Mailing Address 4015 N. 12th Ave
PO Box 7242

City
Phoenix

State
AZ

Zip Code
85013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arizona State University

Occupation

Clinical Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 21 / 2016

Transaction ID : C3287882

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carol Marsden

Mailing Address 1905 Barnett Shoals Rd

City
Athens

State
GA

Zip Code
30605-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Augusta University

Occupation

NP Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

03 / 19 / 2016

Transaction ID : C3287877

Amount of Each Receipt this Period

120.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1220.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kenneth Miller

Mailing Address 250 Treeline Park
Apt 606

City State Zip Code
San Antonio TX 78209-7402

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas Health Sciences Ce

Occupation
Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Transaction ID : C3287700

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kenneth Miller

Mailing Address 250 Treeline Park
Apt 606

City State Zip Code
San Antonio TX 78209-7402

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas Health Sciences Ce

Occupation
Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : C3287666

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Donna Poole

Mailing Address 816 Madison Ave N

City State Zip Code
Bainbridge Island WA 98110-1769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kitsap Mental Health Services

Occupation
NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2016

Transaction ID : C3287837

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kimberly Stickley

Mailing Address PO Box 99

City
 Roland

State
 AR

Zip Code
 72135-0099

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Arkansas Childrens Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 19 / 2016

Transaction ID : C3287879

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David Trinidad

Mailing Address 29633 N 45th St

City

Cave Creek

State

AZ

Zip Code

85331-6272

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Lovelace Medical Group

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : C3288053

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Veronica Wilbur

Mailing Address 221 Willow Way

City

Lincoln University

State

PA

Zip Code

19352-1224

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Wilmington University

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 20 / 2016

Transaction ID : C3287723

Amount of Each Receipt this Period

249.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

749.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Wendy Wright</p> <p>Mailing Address 2 Rolling Woods Dr</p> <p>City Bedford State NH Zip Code 03110-4540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Wright & Assoc Family Health Occupation FNP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2016 Transaction ID : C3287921</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name (Last, First, Middle Initial) B. Amy Ziegler</p> <p>Mailing Address 3812 Chapparral Dr</p> <p>City Fairfield State CA Zip Code 94534-7928</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NorthBay Healthcare Occupation Director, APRN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2016 Transaction ID : C3287592</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name (Last, First, Middle Initial) C.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Amount of Each Receipt this Period</p> <p><input type="checkbox"/> Memo Item</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			750.00		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			10054.00		

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Dave Joyce

Mailing Address 217 3rd St SE

City Washington	State DC	Zip Code 20003-1904
--------------------	-------------	------------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

DAVID JOYCEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2016

Transaction ID : D171455

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Scott for Sentate

Mailing Address 1405 Ashley River Rd

City Charleston	State SC	Zip Code 29407-5305
--------------------	-------------	------------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

TIM SCOTTOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2016

Transaction ID : D171616

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MCNERNEY FOR CONGRESSMailing Address 6250 VILLAGE PARKWAY
SECOND FLOOR

City DUBLIN	State CA	Zip Code 94568
----------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

JERRY MCNERNEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2016

Transaction ID : D171682

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KUSTER FOR CONGRESS

Mailing Address P.O. BOX 1498

City	State	Zip Code
CONCORD	NH	03302

Purpose of Disbursement
Campaign Contribution

Candidate Name

ANN MCLANE KUSTEROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2016

Transaction ID : D171683

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NEW DEMOCRAT COALITION PACMailing Address 700 13th St NW
Ste 600

City	State	Zip Code
Washington	DC	20005-5998

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: DC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2016

Transaction ID : D172028

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address P.O. BOX 730

City	State	Zip Code
HONEOYE	NY	14471

Purpose of Disbursement
Campaign Contribution

Candidate Name

LOUISE M SLAUGHTEROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2016

Transaction ID : D172103

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City	State	Zip Code
NEW YORK	NY	10016

Purpose of Disbursement
Campaign Contribution

Candidate Name

CHARLES E SCHUMEROffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2016

Transaction ID : D171681

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GRAVES FOR CONGRESS

Mailing Address 2345 GRAND, SUITE 2400

City	State	Zip Code
KANSAS CITY	MO	64108

Purpose of Disbursement
Campaign Contribution

Candidate Name

SAMUEL B JR 'SAM' GRAVESOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

Transaction ID : D171438

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 1st St SE

City	State	Zip Code
Washington	DC	20003-1838

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Transaction ID : D171735

Amount of Each Disbursement this Period

15000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

17000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE	State WA	Zip Code 98124
-----------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

PATTY MURRAYOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2016

Transaction ID : D171474

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAUL TONKO FOR CONGRESSMailing Address 911 CENTRAL AVENUE
PO BOX 221

City ALBANY	State NY	Zip Code 12206
----------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

PAUL DAVID TONKOOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : D171736

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

City LA CROSSE	State WI	Zip Code 54601
-------------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

RON KINDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : D171737

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

30000.00
